Request/Voucher for Advance Salary Payment			
SECTION A Employee Information (To be completed by employing office)			
Contact Person/Routing Symbol/Telephone Number		2. Administration Abbrevi	iation/Region
3. Employee Name (<i>Last, First, Middle Initial</i>)		Employee Appointment Date	
5. Mailing address for check (Including ZIP Code)		6. Social Security Number	
7. Amount of Request	Number of Repayment Pay Peri	iods 9. Biweekly	y Repayment Amount
SECTION B Employee Agreement (<i>To be completed by employee</i>)			
I have verified that the information in Section A is accurate and I agree to repay this advance by biweekly payroll deduction as specified above. Salary deductions will begin durin the second full pay period following deduction as specified above. Salary deductions will begin during the second full pay period following my appointment date. I understand that if I leave the Department of Transportation, or terminate for any reason, I am liable for repaying the advance <i>in full</i> upon separation. Date:			
SECTION C. Approving Office Information (To be completed by approving official)			
SECTION C Approving Office Information (<i>To be completed by approving official</i>) 11. Approving Official			
(Signature)	(Typed	name and title)	(Date)
12. Accounting Classification			
SECTION D Paying Office Information (To be completed by accounting office)			
13. Voucher Certification: This voucher is certified correct and proper for payment. Authorized Certifying Official:			
(Signature)	(Typed	name and title)	(Date)